
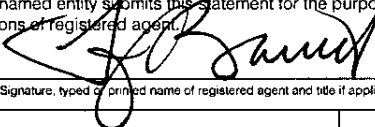


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90098 023 \*\*\*150.00

DOCUMENT # P93000001284			
1. Entity Name A.C.M. APPRAISAL SERVICES, INC.			
Principal Place of Business <del>1904</del> SO MACDILL AVE - <i>1902</i> TAMPA, FL 33629 US		Mailing Address <del>1904</del> SO MACDILL AVENUE TAMPA, FL 33629	
2. Principal Place of Business <i>1902 SO. MacDill Ave.</i>		3. Mailing Address <i>1902 SO. MacDill Ave.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Tampa, FL.</i>		City & State <i>Tampa, FL.</i>	
Zip <i>33629</i>	Country <i>USA</i>	Zip <i>33629</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  MYARA, ANNIE C 4810 W DRYAD ST TAMPA, FL 33629		7. Name and Address of New Registered Agent Name <i>Leslie J. Barnett</i> Street Address (P.O. Box Number is Not Acceptable)  <i>601 Bayshore Blvd., Ste. 700</i> City <i>Tampa,</i> <b>FL</b> Zip Code <i>33606</i>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE <i>1/23/04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MYARA, ANNIE C <del>4810 W DRYAD ST</del> <i>1902 So. MacDill Ave.</i> TAMPA, FL 33629	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:  *ANNIE C. MYARA* *1-22-04 (813) 258-8770*